

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005979

AMENDED

Registration District No. 239

Primary Registration District No. 5825

Registrar's No. 4

STATE FILE NUMBER

FILED VS FEB 17 1961

1. PLACE OF DEATH

a. COUNTY

New Madrid

b. CITY (If outside corporate limits, give TOWNSHIP only)

Como Township

Length of stay in 1b

OR TOWN

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Highway #62

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri

b. COUNTY New Madrid

c. CITY

OR TOWN

Marston

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Claude

(X)

Stallons

4. DATE OF DEATH

Month

Day

Year

January 27, 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9-6-1905

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Steele, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Stallons

13b. MOTHER'S MAIDEN NAME

Mary Connell

14. NAME OF HUSBAND OR WIFE

Opal Stallons

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Opal Stallons - Marston, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fractured skull

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Pickup truck + semi-tractor-trailer

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

Accident on highway #62

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway #62

20f. CITY, TOWN, OR LOCATION

Highway #62

COUNTY

New Madrid

STATE

Mo.

21. I attended the deceased from _____ to _____ and last saw her alive on _____

Death occurred at _____ 2:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Dr. H. H. Hodgepeth, Coroner

New Madrid, Missouri

1/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-27-1961

23c. NAME OF CEMETERY OR CREMATORY

Mt Zion Cemetery

23d. LOCATION (City, town, or county)

Steele, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

John W. Herman

Hartsville, Missouri

2-1-61

Dr. H. H. Hodgepeth, M.D.

(Licensed Embalmer's Statement on Reverse Side)

1961 21 833
FEB 24 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John W. German

Licensed Embalmer No. 4355

P. O. Address Wayte, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.